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Patent Application No. 10/619,923
Attorney Docket No. 83377.0009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kui YAO, et al.

Serial No: 10/619,923

Confirmation No.: 7143

Filed: July 15, 2003

For: Micromachined Electromechanical Device

Art Unit: 2823

Examiner: Coleman, William D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
October 7, 2004

Date of Deposit

Joyce Hegeman

Name

Signature

October 7, 2004
Date

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated September 29, 2004, Applicant elects for prosecution the claims of Group I, claims 1-17, drawn to method of manufacturing a semiconductor device, without traverse.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: October 7, 2004

By:

Troy M. Schmelzer

Registration No. 36,667

Attorney for Applicant(s)

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Los Angeles, California 90071
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Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items.

- ☒ Response to Restriction Requirement
☒ Return postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	26 **	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$88 SM=\$44	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$0
Independent Claims:					Total	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ 0 for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: October 7, 2004

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